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Coup An Unit 2687 Examiner Name Nguyen, Khai Minh 2000-0602				First Named Inventor	Chang, Li Fung, et al.					
Examiner Name Niguyen, Khai Minh				Group Art Unit		······································				
Total Number of Pages in this Submission 6				Examiner Name						
Enclosures (check all that apply) Fee Transmittal Form	Total Number of Pages in this Submission 6			Attorney Docket Number						
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Cover Sheet				Enclosures (chec	k all that	apply)				
Customer Number or Bar Code Label Customer Number - 26652 or Correspondence address below NAME Samuel H. Dworetsky ADDRESS AT&T CORP., One AT&T Way, Room 2A-207 CITY Bedminster COUNTRY United States of America SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED NAME Robert T. Canavan Reg. # 37592 TELEPHONE 908-707-1568 SIGNATURE CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 8/19/2005 Mary J. Curch Date 8/19/2005	Fee Transmittal Form Fee Transmittal Form Cove Fee Attached Draw Draff After Final Affidavits / Declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts under 37 CFR 1.52 or 1.53 Response to Missing Parts/Incomplete Application		Sheet ng(s) & Letter to Official sman iew Summary on to the Commissioner on to Convert a Provisional cation or of Attorney, Revocation ge of Correspondence ess nal Disclaimer est for Refund	to Group Appeal Communications to Board of Appeals and Interferences Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Return Receipt Postcard CD, Number of CDs Additional enclosure(s) (please identify below) Issue Fee Transmittal 2 copies "Fee Address" Indicati			tior	n Form		
NAME Samuel H. Dworetsky ADDRESS AT&T CORP., One AT&T Way, Room 2A-207 CITY Bedminster STATE New Jersey ZIP CODE 07921 COUNTRY United States of America FAX 908-532-1281 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED NAME Robert T. Canavan Reg. # 37592 TELEPHONE 908-707-1568 SIGNATURE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 8/19/2005 Type or Printed Name Mary J. Curch Signature Mary Q. Curch Date 8/19/2005				CORRESPONDEN	CE ADI	RESS				
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